

**Nebraska Early Detection of Breast and Cervical Cancer Program**  
**Fee for Services Schedule – Effective July 1, 2006– June 30, 2007**

Description of Services	CPT Codes	Program Rates
Office Visit (10 min)	99201	\$21.52
Office Visits	99202-99205	\$85.00
Office Visit (5 min)	99211	\$ 8.21
Office Visit (10 min)	99212	\$21.84
Office Visits	99213-99215	\$85.00
Office/Outpatient Consultation (15 min)	99241	\$46.36
Office/Outpatient Consultation	99242-99245	\$120.00
Office Visits	99386-99387	\$85.00
Office Visits	99395-99397	\$85.00
Fine needle aspiration; without imaging guidance, Breast	10021	\$115.96
Fine needle aspiration; with imaging guidance, Breast	10022	\$127.98
Puncture Aspiration of cyst of Breast	19000*	\$94.70
Puncture Aspiration of cyst of Breast; each additional cyst (use in conjunction with 19000)	+19001	\$23.77
Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)	19100*	\$114.73
Biopsy of breast; open, incisional/ABBI	19101	\$264.21
Biopsy of breast; percutaneous, needle core, using imaging guidance	19102	\$196.21
Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device using imaging guidance/Mammotome	19103	\$503.08
Excision of cyst, fibroadenoma, or other benign or malignant tumor aberrant breast tissue, duct lesion, nipple or areola lesion (except 19140)	19120	\$356.80
Excision of breast lesion identified by preoperative placement of radiological marker; single lesion	19125	\$383.64
Each additional lesion separately identified by a radiological marker (List separately in addition to code for primary procedure)	19126	\$143.89
Preoperative placement of needle localization wire, breast;	19290	\$137.63
Each additional lesion (List separately in addition to code for primary procedure) (Use 19291 in conjunction with code 19290)	+19291	\$61.75
Image guided placement, metallic localization clip, percutaneous, during breast biopsy (List separately in addition to code for primary procedure) (Use 19295 in conjunction with codes 19102, 19103)	+19295	\$85.63
Colposcopy of the entire vagina, with cervix if present	57420*	\$103.74
Colposcopy of the entire vagina, with cervix if present, with biopsy	57421*	\$142.59
Colposcopy	57452*	\$97.74
Colposcopy; with Biopsy(s) of Cervix & ECC	57454*	\$140.81
Colposcopy; with Biopsy(s) of Cervix	57455*	\$130.38
Colposcopy; with ECC(not including Biopsy of Cervix)	57456*	\$122.77
Colposcopy; with LEEP (RULE: Only the colposcopy with biopsy portion is reimbursed and only if the colposcopy is the primary procedure and not treatment.)	57460	\$140.81
Local Excision of Lesion (Polyp) (RULE: This is allowable only if the Pap smear was abnormal (ASCUS, Low-grade SIL or CIN I, High-grade SIL or CINII/CINIII, or AGUS)	57500*	\$117.78
Endocervical Curettage (not part of a colposcopy)	57505	\$89.76
Endometrial Biopsy with or without endocervical sampling as follow-up for Atypical Glandular Cells (AGC) Pap Smear Results ( <i>Policy Page 10-22</i> ) <b>PREAUTHORIZATION REQUIRED</b> by calling 1-800-532-2227	58100	\$100.09

+ = Add on Code

\* = Service includes Surgical Procedure Only

TC = Technical Component

26 = Professional Component

Description of Services	CPT Codes	Program Rates
Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)	76003-TC	\$42.64
	76003-26	\$25.25
Diagnostic Mammography; Unilateral, <i>(patient must be age 30+ with CBE Suspicious for Malignancy)</i>	76090	\$67.32
	76090-TC	\$34.22
	76090-26	\$33.10
Diagnostic Mammography; Bilateral, <i>(patient must be age 30+ with CBE Suspicious for Malignancy)</i>	76091	\$83.61
	76091-TC	\$42.62
	76091-26	\$40.99
Screening Mammography; <i>(patient must be age 40+)</i>	76092	\$73.18
	76092-TC	\$40.09
	76092-26	\$33.10
Stereotactic localization guidance for breast biopsy or needle placement (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation/MIBB	76095	\$308.82
	76095-TC	\$233.36
	76095-26	\$75.46
Mammographic guidance for needle placement, breast (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation	76096	\$68.90
	76096-TC	\$42.62
	76096-26	\$26.29
Radiological examination, surgical specimen (breast)	76098	\$21.16
	76098-TC	\$13.62
	76098-26	\$ 7.54
Computerized axial tomographic guidance for needle biopsy, radiological supervision and interpretation	76360	\$323.82
	76360-TC	\$269.00
	76360-26	\$54.82
Magnetic resonance guidance for needle placement (eg for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	76393	\$436.09
	76393-TC	\$364.52
	76393-26	\$71.57
Echography (Ultrasound), breast(s); <i>(patient must be age 40+)</i>	76645	\$59.79
	76645-TC	\$34.22
	76645-26	\$25.56
Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	76942	\$122.60
	76942-TC	\$90.91
	76942-26	\$31.70
Papillomavirus, human amplified probe technique (HPV) <i>(Policy Page 10-21; as follow-up ONLY for an ASC-US result from a screening exam paid by EWM.)</i>	87621	\$49.04
Cytopathology, Smears, (breast discharge only) Smears with interpretation <i>(Policy Page 10-9)</i>	88104	\$47.82
	88104-TC	\$19.64
	88104-26	\$28.18
Cytopathology, Smears, (breast discharge only) filter method only with interpretation <i>(Policy Page 10-9)</i>	88106	\$63.65
	88106-TC	\$35.47
	88106-26	\$28.18
Cytopathology, Smears, (breast discharge only) Smears and filter preparation with interpretation <i>(Policy Page 10-9)</i>	88107	\$77.06
	88107-TC	\$38.63
	88107-26	\$48.43
Cytopathology, concentration technique, smears and interpretation (breast discharge only) (eg, Saccomanno technique) <i>(Policy Page 10-9)</i>	88108	\$59.22
	88108-TC	\$31.03
	88108-26	\$28.18
Cytopathology, Smears, Cervical; Physician	88141	\$20.27

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Description of Services	CPT Codes	Program Rates
Cytopathology, cervical or vaginal collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	88142	\$21.23
Cytopathology, cervical or vaginal collected in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision	88143	\$19.69
Cytopathology, Smears, Cervical; Technician	88150	\$14.76
Cytopathology, Smears, Cervical; Technician	88164	\$14.76
Evaluation of Fine Needle Aspirate; Breast, specimen Adequacy	88172	\$45.47
	88172-TC	\$15.21
	88172-26	\$30.26
Evaluation of Fine Needle Aspirate; Breast, interpretation and report	88173	\$119.18
	88173-TC	\$49.39
	88173-26	\$69.78
Level IV – Surgical Pathology (breast or cervical when procedure is a covered procedure) (RULE: This is an allowable charge only when the procedure to obtain sample is a covered procedure)	88305	\$88.74
	88305-TC	\$50.67
	88305-26	\$38.07
Level V – Surgical Pathology (breast or cervical when procedure is a covered procedure) (RULE: This is an allowable charge only when the procedure to obtain sample is a covered procedure)	88307	\$159.52
	88307-TC	\$80.03
	88307-26	\$79.49
Pathology consultation during surgery (breast or cervical only)	88329	\$45.14
Pathology consultation during surgery (breast or cervical only); first tissue block, with frozen sections(s) single specimen	88331	\$79.18
	88331-TC	\$19.33
	88331-26	\$59.85
Immunohistochemistry (including tissue immunoperoxidase), each antibody (breast or cervical only)	88342	\$77.79
	88342-TC	\$35.15
	88342-26	\$42.64
Hospital Fees related to approved Breast or Cervical Procedures <sup>1</sup>	00300	Medicaid % Rate <sup>2</sup>
Anesthesia Fees related to approved Breast Procedures	00400	Medicaid % Rate <sup>2</sup>
Anesthesia Fees related to approved Cervical Procedures	00940	Medicaid % Rate <sup>2</sup>

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<sup>1</sup>**HOSPITAL FEES RELATED TO APPROVED BREAST OR CERVICAL PROCEDURES** – Hospitals will be reimbursed their Medicaid Percentage Rate for fees related to approved procedures that are not listed separately on the reimbursement table. This includes those fees that were previously reimbursed using the Facility Fee Code (99070).

<sup>2</sup>**MEDICAID % RATE** – Reimbursement will be calculated at the Medicaid Reimbursement Rate used by Nebraska Medicaid.

Revised 1/26/06 to be effective 7/1/2006

**Nebraska Every Woman Matters Program**  
**Fee for Service Schedule related to WiseWoman Screening – Effective July 1, 2006**  
**Services Payable for Clients age 40-64**

<b>Description of Service</b>	<b>CPT</b>	<b>Rate</b>
Office Visits	99202-99205	\$85.00
Office Visits	99213-99215	\$85.00
Office Visits	99386-99387	\$85.00
Office Visits	99395-99397	\$85.00
Routine venipuncture or finger/heel/ear stick or collection of specimen*	36415	\$3.00
Basic Metabolic Panel	80048	\$11.83
Lipid Panel	80061	\$18.72
Lipid Panel (CLIA Waived)	80061QW	\$18.72
Cholesterol, serum or whole blood, total	82465	\$6.08
Cholesterol, serum or whole blood, total (CLIA Waived)	82465QW	\$6.08
Glucose; quantitative, blood (except reagent strip)	82947	\$5.48
Glucose; quantitative, blood (except reagent strip) (CLIA Waived)	82947QW	\$5.48
Blood, reagent strip	82948	\$2.25
Post glucose dose (includes glucose)	82950	\$6.64
Post glucose dose (includes glucose) (CLIA Waived)	82950QW	\$6.64
Tolerance test (GTT), three specimens (includes glucose)	82951	\$17.99
Tolerance test (GTT), three specimens (includes glucose) (CLIA Waived)	82951QW	\$17.99
Tolerance test, each additional beyond three specimens	82952	\$3.50
Tolerance test, each additional beyond three specimens (CLIA Waived)	82952QW	\$3.50
Hemoglobin A1c - Glycated	83036	\$13.56
Hemoglobin A1c - Glycated	83036QW	\$13.56
Lipoprotein, blood; electrophoretic separation and quantitation	83715	\$8.18
High resolution fractionation and quantitation of lipoprotein cholesterol (eg, electrophoresis, nuclear magnetic resonance, ultracentrifugation)	83716	\$34.68
Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)	83718	\$11.44
Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol) (CLIA Waived)	83718QW	\$11.44
Direct measurement, FLDL cholesterol	83719	\$16.26
Direct measurement, LDL Cholesterol	83721	\$13.33
Direct Measurement, LDL Cholesterol (CLIA Waived)	83721QW	\$13.33
Triglycerides	84478	\$8.04
Triglycerides (CLIA Waived)	84478QW	\$8.04

**Lifestyle Intervention Counseling Coding**

Preventive Medicine, Individual Counseling Approximately 30 to 60 minutes **	99402-99404	\$85.00
Preventive Medicine, Group Counseling **	99411-99412	\$40.00

**Individual Counseling by Non Clinician**

Nutrition Counseling approximately 30 to 60 minutes **+	NC001	\$85.00
Physical Activity Counseling approximately 30 to 60 minutes **+	PC003	\$85.00

\*In order to be reimbursed for these exams, cardiovascular screening must be in conjunction with breast and cervical cancer screening.

\*\*EWM will only reimburse for ONE follow up appointment per year. As such, clinician should consider the best use of available resources to address all of the client's need particularly when more than one follow up is needed.

+ These are program specific codes.